

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/926614	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	1	1	1	1	1	51					
2		1		1			52					
3		2		1			53					
4		2		1			54					
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46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			1				TOTAL IND.					
TOTAL DEP.			9				TOTAL DEP.					
TOTAL CLAIMS			10				TOTAL CLAIMS					